99TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
99-802

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH AMENDMENTS OF 1986

AUGUST 15, 1986.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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Mr. DINGELL, from the Committee on Energy and Commerce, submitted the following

SEP 8 1986

REPORT

U. S. GOVT. PUBS.
DEPOSITORY 375

[To accompany H.R. 5259]

[Including cost estimate of the Congressional Budget Office]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 5259) to amend the Public Health Service Act to revise the authorities of the Alcohol, Drug Abuse, and Mental Health Administration, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments (stated in terms of the page and line numbers of the introduced bill) are as follows:

Page 22, line 9, insert closing quotation marks after the period.

Page 23, line 1, strike out "(h)" and insert "(i)".

Add at the end the following:

SEC. 14. STUDY.

(a) IN GENERAL.—The Secretary of Health and Human Services, acting through the Director of the National Institute on Alcohol Abuse and Alcoholism and in accordance with subsection (b), shall arrange for the conduct of a study to—

(1) critically review available research knowledge and experience in the United States and other countries regarding alternative approaches and mechanisms (including statutory and voluntary mechanisms) for the provision of alcoholism and alcohol abuse treatment and rehabilitative services,

(2) assess available evidence concerning comparative costs, quality, effectiveness, and appropriateness of al-

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coholism and alcohol abuse treatment and rehabilitative service alternatives,

(3) review the state of financing alternatives available to the public, including an analysis of policies and experiences of third party insurers and State and municipal governments, and

(4) consider and make recommendations for policies and programs of research, planning, administration, and reimbursement for the treatment and rehabilitation of individuals suffering from alcoholism and alcohol abuse.

(b) ARRANGEMENTS.—

(1) The Secretary shall request the National Academy of Sciences to conduct the study described in subsection (a) under an arrangement under which the actual expenses incurred by the Academy in conducting the study will be paid by the Secretary and with the consent of the Academy the Secretary shall enter into such arrangement.

(2) Under the arrangement entered into under paragraph (1) the National Academy of Sciences shall agree to—

(A) conduct the study in consultation with the Director of the National Institute on Alcohol Abuse and Alcoholism, and

(B) submit to the Secretary not later than 24 months after the date the arrangement is entered into a final report on the study.

The Secretary shall transmit the final report of the Academy to Congress not later than 30 days after the date the Secretary receives the report.

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PURPOSE AND SUMMARY

The purpose of H.R. 5259 is to extend the authorization of appropriations for expiring drug and alcohol abuse research programs. These programs are administered by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). With the National Institute of Mental Health (NIMH), these research agencies comprise the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA).

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In addition, the legislation makes necessary technical and conforming amendments to update the statutory authority for ADAMHA and to extend research authorities recently granted to the Director of the National Institutes of Health to the ADAMHA Administrator.

The legislation extends for three fiscal years, the authorization of appropriations for alcohol and drug abuse research programs supported by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. Funding for each activity is authorized at the level of "such funds as may be necessary" for fiscal years 1987, 1988, and 1989. In addition, the legislation:

1. Encourages increased priority on federal support of programs in training and research relating to the mental health needs of the elderly;
2. Provides authority for the Secretary of Health and Human Services to expedite research on public health emergencies;
3. Clarifies responsibilities of federal drug and alcohol abuse providers to report instances of suspected child abuse if required to do so under state law;
4. Requires the Director of the National Institute of Mental Health to develop and publish information on the causes and prevention of suicide;
5. Requires establishment of guidelines for the proper care and treatment of laboratory animals used in research supported by the Alcohol, Drug Abuse and Mental Health Administration; and
6. Provides for an equitable distribution among the states of future funding reductions in the Alcohol and Drug Abuse and Mental Health Services Block Grant.

Hearings

The Committee's Subcommittee on Health and the Environment held one day of hearings on the reauthorization of federal drug and alcohol abuse research activities on March 6, 1986. Testimony was received from eight witnesses; representing five organizations with additional materal submitted by two individuals and organizations.

Committee Consideration

On April 23 and June 24, 1986, the Subcommittee on Health and the Environment met in open session to consider a Subcommittee print of legislation to revise and extend federal drug and alcohol abuse research authorities for three fiscal years. The Subcommittee print was ordered reported as a clean bill on June 24, 1986. On July 24, 1986, legislation (H.R. 5259) reflecting the Subcommittee action was introduced by Mr. Waxman on behalf of himself, Mr. Walgren and Mr. Madigan. On July 29, 1986, the Committee met in open session and ordered reported the bill H.R. 5259 with amendment, by voice vote. A quorum being present.

COMMITTEE OVERSIGHT FINDINGS

Pursuant to clause 2(l)(3)(A) of rule XI of the Rules of the House of Representatives, no oversight findings or recommendations have been made by the Committee.

COMMITTEE ON GOVERNMENT OPERATIONS

Pursuant to clause 2(l)(3)(D) of rule XI of the Rules of the House of Representatives, no oversight findings have been submitted to the Committee by the Committee on Government Operations.

COMMITTEE COST ESTIMATE

In compliance with clause 7(a) of rule XIII of the Rules of the House of Representatives, the Committee is unable to calculate actual appropriations for alcohol and drug abuse research in Fiscal Years 1987, 1988, and 1989. The Congressional Budget Office has estimated annual increases at the projected rate of inflation for health research. In view of growing public concern over the incidence of drug and alcohol abuse and the resulting need for increased research into more effective means of prevention and treatment, it is not unreasonable to expect future appropriations to exceed the rate of inflation for health research. The Committee does not believe the studies required by Sections 10 and 14 will require additional appropriations.

CONGRESSIONAL BUDGET OFFICE ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, August 15, 1986.

Hon. JOHN D. DINGELL,
Chairman, Committee on Energy and Commerce,
U.S. House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for H.R. 5259, the Alcohol, Drug Abuse and Mental Health Amendments of 1986, as ordered reported by the House Committee on Energy and Commerce on July 29, 1986.

If you wish further details on this estimate, we will be pleased to provide them.

With best wishes.

Sincerely,

RUDOLPH G. PENNER, *Director.*

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: H.R. 5259.
2. Bill title: Alcohol, Drug Abuse, and Mental Health Amendments of 1986.
3. Bill status: As ordered reported by the House Committee on Energy and Commerce on July 29, 1986.
4. Bill purpose: To revise the authorities of the Alcohol, Drug Abuse, and Mental Health Administration.
5. Estimated cost to the Federal Government:

[By fiscal years, in millions of dollars]

	1987	1988	1989	1990	1991
Estimated authorization levels:					
Alcohol abuse and alcoholism research	57.5	63.9	75.2	.....	.....
Drug abuse research	69.0	76.8	90.3	.....	.....
Teen suicide	.5	.5	.5	0.6	0.6
Study	.5	.5	.....	.....	.....
Total estimate authorization level	127.5	141.7	166.0	.6	.6
Estimated outlays:					
Alcohol abuse and alcoholism research	40.4	55.5	68.6	19.9	7.9
Drug abuse research	48.4	66.6	82.5	23.9	9.5
Teen suicide	.5	.5	.5	.6	.6
Study	.5	.5	.....	.....	.....
Total, estimated outlays	89.8	123.1	151.6	44.4	18.0

Note: The costs of this bill fall within budget function 550.

Basis of Estimate

We assume all estimated authorization amounts are fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of recent program data. All authorizations are subject to subsequent appropriations action.

Sections 2, 3 and 4 of the bill dealing with the administration of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) and providing for advisory councils would more specifically codify activities currently carried out, resulting in no additional cost to the federal government. Section 5 of the bill would allow expedited review of grant applications for research dealing with diseases or disorders determined to be public health emergencies. This section is not expected to result in additional cost to the federal government.

Section 8 of the bill authorizes such sums as may be necessary for alcohol and drug related research in fiscal years 1987 through 1989. Authorization levels for these years were estimated by increasing the 1986 appropriated levels by the projected rate of inflation for health research.

Section 9 of the bill would clarify current law dealing with the confidentiality of patient records so as not to prohibit the reporting of suspected child abuse and neglect. This provision is expected to result in no additional cost to the federal government.

Section 10 of the bill would authorize the Director of the National Institute of Mental Health to develop and publish information on the causes and prevention of suicide, especially relating to teens. No specific authorization for appropriations is stated in the bill. Based on similar information collection and dissemination activities within the federal government, CBO has estimated the cost of this provision to be between $500,000 and $600,000 in each fiscal year. Costs could be higher or lower depending on the actual level of activity undertaken.

Guidelines for the care of animals used in research would be specifically written into law by section 11 of the bill. Animal care committees would be required at each research entity receiving funds

under this title. According to ADAMHA, such animal care committees and guidelines are already in place. Enactment of this provision would result in no additional cost to the federal government.

ADAMHA Block Grant allotments to states are currently determined by a population-based formula or by the amount received by a state in fiscal year 1984, whichever is higher. Section 12 of this bill would changed "1984" to "1985", updating the allocation method. Since the amount appropriated for the ADAMHA Block Grant was higher in 1985 than it was in 1984, this change could lead to higher allocations for some states. However, CBO cannot determine the extent of the increase since final allocations depend on the relationship between the 1985 allotment and the population-based formula.

Section 14 of the bill would require the National Academy of Sciences to conduct a two year study to review available research on alternative methods of providing alcohol abuse treatment and rehabilitation services. The study would include an assessment of the costs, effectiveness, and financing alternatives of these methods. No authorization for appropriations for the study appears in the bill. CBO estimates such a study could cost about $500,000 for each of the two fiscal years. Remaining sections of this bill would result in no additional cost to the federal government.

6. Estimated cost to state and local govoernment: ADAMHA Block Grant allotments to states are currently determined by a population-based formula or by the amount received by a state in fiscal year 1984, whichever is higher. As mentioned above, section 12 of this bill would update the method used to determine state allocations for the ADAMHA Block Grant. CBO expects this change might result in higher allocations for some states, but we cannot estimate the extent of the increase.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Carmela Dyer.

10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

Inflationary Impact Statement

Pursuant to clause 2(l)(4) for rules XI of the Rules of the House of Representatives, the Committee makes the following statement with regard to the inflationary impact of the reported bill:

The Committee does not anticipate that H.R. 5259 will have a significant impact upon the economy. The medical and social costs of alcohol and drug abuse are cnservatively estimated to exceed $176 billion annually. The discovery of more effective means of preventing and treating alcohol and drug abuse can have a positive impact on the economy.

The authorization levels in the Committee proposal are intended to permit continued growth—within overall budgetary constraints—in federal support for drug and alcohol abuse research supported by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. Such increases are consistent with the Congress' traditional commitment to and re-

sponsibility for conducting research into the causes of drug and alcohol abuse.

A stronger and healthier population can only increase national productivity. Monies spent on health research are among this nation's most cost effective expenditiures.

Section-by-Section Analysis and Discussion

Sec. 1. Short Title and Reference

Subsection (a) cites the short title of the bill as the "Alcohol, Drug Abuse and Mental Health Amendments of 1986."

Subsection (b) provides that whenever an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to the Public Health Service Act.

Sec. 2. Technical Revision of ADAMHA

Section 2 revises Section 501 of the Act to make several necessary technical amendments and to clarify the structure and administrative components of the Alcohol, Drug Abuse and Mental Health Administration. The only provision not reflecting current law is a provision (501(j)) to authorize the Administrator of ADAMHA to establish technical and scientific peer review groups to assure the quality of research supported by the three national research institutes. This change is necessary to permit the Administrator of ADAMHA to more efficiently establish peer review groups based on the research priorities of the agency. It would provide a solid statutory basis for providing compensation to members of federal advisory committees and reduce the paperwork burden associated with renewal of peer review groups as required by the Federal Advisory Committee Act.

The remaining provisions reflect current law.

Sec. 3. National Institute of Mental Health

Section 3 amends Section 504(c) [42 U.S.C. 290aa-3(c)] to require the Director of the National Institute of Mental Health to give priority to programs for training and research on the mental health needs of the elderly. The 1978 President's Commission on Mental Health found that while 15 percent of the overall population is at risk for mental illness, 20-25 percent of the elderly are at risk. Traditionally, it was believed that the elderly suffer from inevitable, irreversible senility, but much of what was thought to be senility is now understood to be an acute mental health problem. The Committee believes increased emphasis in this area is necessary in order to better understand the mental health problems of the elderly, to prevent misdiagnoses, and to improve training and services.

Sec. 4. Advisory Councils

Section 4 technically revises the statutory authority establishing advisory councils for the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse and the National Institute of Mental Health.

Sec. 5. Public Health Emergencies

Section 5 amends title V of the Public Health Service Act to authorize the Administrator of ADAMHA to expedite research on a disease or disorder determined by the Secretary to constitute a public health emergency. This authority is similar to authority granted the Director of the National Institutes of Health by Public Law 99-158, the "Health Research Extension Act of 1985."

Sec. 6. Peer Review

Section 6 amends section 507(b) [42 U.S.C. 290aa-5(b)] to clarify the responsibility of the ADAMHA to seek peer review of application for research contracts. The Committee has long recognized the invaluable role of peer review in ensuring high quality in the research activities funded and conducted by NIH. The Committee intends that peer review of research contracts not be limited to review at the concept development phase but induce contract applications just as is currently the policy with respect to applications for research grants. It is expected that peer review by nonfederal employees will provide for more careful scrutiny of contracting practices by the research institutes of ADAMHA. The Committee does not intend that peer review of contracts for research resources, such as the purchase of laboratory equipment, materials and supplies used in the conduct or support of research be required by section 507.

Sec. 7. National Alcohol Research Centers

Section 7 amends section 511(b) [National Alcohol Research Centers] to remove the restriction on the use of funds for the rental of land or a building necessary to the operation of a National Alcohol Research Center. The Committee believes this provision is necessary to clarify congressional intent that the payment of rent is a legitimate indirect cost for research institutes which receive assistance under this section. Research institutions that do not own their own buildings or are not affiliated with colleges or universities are placed at a distinct competitive disadvantage if the costs of rent are not permitted as a legitimate indirect cost.

Sec. 8. Research Authorization

Section 8 extends the authorization of appropriations for alcohol and drug abuse research sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). The Committee is committed to maintaining a strong federal research base in biomedical and behavioral research related to alcohol and drug abuse research. Increased support for the research programs of NIAAA and NIDA are the nation's most effective means of improving the effectiveness of prevention and treatment services and thereby reduce the enormous cost of alcohol and drug abuse on the economy.

The Committee is concerned that the specific research needs between the alcohol abuse, drug abuse and mental health disciplines may vary greatly from year to year. It is difficult for the Committee to estimate and project the specific funding needs for these activities several years in the future. Accordingly, the Committee

proposal authorizes "such funds as may be necessary" for each of fiscal years 1987, 1988 and 1989. The Committee proposal will assure NIAAA and NIDA ample budgetary authority consistent with available appropriations.

Sec. 9. Child Abuse Reporting

Section 9 amends sections 523 and 527 of the Public Health Service Act to clarify that the prohibitions on the disclosure of confidential information relating to the treatment of patients for drug or alcohol abuse do not apply to reporting requirements under state law relating to incidents of suspected child abuse and neglect.

Sec. 10. Suicide

Section 10 amends section 504 of the Public Health Service Act to require the Director of the National Institute of Mental Health to develop, publish and make information available to the public respecting the causes of suicide and the means of preventing suicide—particularly among youth. The Director is required to report to the Congress annually on the Institute's activities.

Sec. 11. Animals in Research

Section 11 amends Part A of title V of the Public Health Service Act to clarify that the laboratory animal care protections that apply to research conducted by the National Institutes of Health will also apply to research conducted by the ADAMHA. Section 11 requires that (1) the Administrator establish guidelines to assure the proper care and treatment of laboratory animals; (2) institutions conducting animal research through the ADAMHA establish animal care committees; and (3) applicants for ADAMHA grants, contracts or cooperative agreements involving research on animals provide assurances that they will comply with applicable animal care guidelines. The Committee proposal is consistent with similar provisions contained in P.L. 99-158 which apply to the National Institutes of Health.

Sec. 12. Block Grants

Section 12 revises the statutory authority for the Alcohol and Drug Abuse and Mental Health Services Block Grant to change from 1984 to 1985 the base year used for calculating a state's minimum allotment. In 1984, the Congress changed the ADM block grant allotment formula to reflect an allocation based upon the relative population and per capita income of the states. As a result, those states that had historically not received an equitable share of block grant funds received a funding increase in Fiscal Year 1985.

The effect of the Committee's proposal is to assure that if funding for the ADM block grant is reduced in future years, all reductions will be allocated equally among the states based upon a state's allotment received in Fiscal Year 1985. The effect of not changing the base year would be to require those states, which have historically received a disproportionately low share of block grant allotments relative to their population, to bear a greater share of future funding reductions.

Sec. 13. Technical Amendments

Subsection (a) and (b) 9 corrects a statutory reference and grammatical error.

Subsection (c) provides the Director of the National Institute of Mental Health clear statutory authority to make grants to and enter into cooperative agreements and contracts with public and nonprofit entities for research on mental illness. The Committee proposal provides the Director of NIMH statutory authority already granted to the Directors of NIAAA and NIDA.

Sec. 14 Study

Subsection (a) directs the Secretary, acting through the National Institute on Alcohol Abuse and Alcoholism, to arrange for the conduct of a study to:

1. Critically review available research knowledge and experience in the United States and other countries regarding alternative approaches and mechanisms (including statutory and voluntary mechanisms) for the provision of alcoholism and alcohol abuse treatment and rehabilitative services;
2. Assess available evidence concerning comparative costs, quality, effectiveness, and appropriateness of alcoholism and alcohol abuse treatment and rehabilitation service alternatives;
3. Review the state of financing alternatives available to the public, including an analysis of policies and experiences of third party insurers and state and municipal governments; and
4. Consider and make recommendations for policies and programs of research, planning, administration, and reimbursement for the treatment and rehabilitation of individuals suffering from alcoholism and alcohol abuse.

Subsection (b) specifies that the study described in subsection (a) is to be conducted by the National Academy of Sciences subject to the Academy's consent. The Committee anticipates that the study will be carried out by the NAS's National Research Council (NRC) through its Commission on Behavioral and Social Sciences.

The Committee proposal provides for a review by the National Research Council of available research on the cost, quality, effectiveness, availability and appropriateness of alcohol treatment and rehabilitation services. The availability of treatment and rehabilitation services for alcoholism and alcohol abuse is becoming increasingly important to the nation's health care system. The study should analyze the extent of coverage for alcoholism and alcohol abuse rehabilitation by third party insurers, Medicare, Medicaid and other reimbursement or coverage programs. In addition, the study is intended to assess available evidence on the adequacy of these programs in rehabilitating patients. The study should include recommendations for providing adequate coverage for rehabilitating individuals suffering from alcoholism and alcohol abuse.

For several years the National Research Council of the National Academy of Sciences has prepared several studies relating to ways of preventing alcoholism and alcohol abuse. The Committee believes the NRC study can built upon the academic foundation and technical expertise established in its preparation of the prevention

studies "Alcohol and Public Policy: Beyond the Shadow of Prohibition", "Toward Prevention of Alcohol Problems: Government, Business, and Community Action" and "Alcohol in America: Taking Action to Prevent Abuse."

The Committee is concerned that the Secretary of Health and Human Services has failed to submit to the Congress a comprehensive national plan to combat alcohol abuse and alcoholism as required by Public Law 98-509. Under this statute, the Secretary was required to submit a comprehensive national plan to the Congress by October 1, 1985. The National Plan was to have included a "statement of specific goals and objectives to meet the nation's current treatment, rehabilitation, and personnel needs in the area of alcoholism and alcohol abuse . . ." The Committee hopes the Department will complete its work on the national plan before the end of the current fiscal year. The information generated by the plan may provide useful background data for the NRC study.

Agency Views

The Committee has not received agency views on H.R. 5259.

Changes in Existing Law Made by the Bill, as Reported

In compliance with clause 3 of Rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

Public Health Service Act

* * * * * * *

TITLE II—ADMINISTRATION

* * * * * * *

NATIONAL ADVISORY COUNCILS

[Sec. 217. (a) The National Advisory Mental Health Council and the National Advisory Council on Alcohol Abuse and Alcoholism shall each consist of the Surgeon General, who shall be chairman, the chief medical officer of the Veterans' Administration or his representative and a medical officer designated by the Secretary of Defense, who shall be ex officio members; and twelve members appointed without regard to the civil service laws by the Secretary. The twelve appointed members of each such council shall be leaders in the fields of fundamental sciences, medical sciences, or public affairs, and six of such twelve shall be selected from among the leading medical or scientific authorities who, in the case of the National Advisory Mental Health Council and the National Advisory Council on Alcohol Abuse and Alcoholism, are outstanding in the study, diagnosis, or treatment of psychiatric disorders and alcohol abuse and alcoholism, respectively. In the case of the National Advisory Council on Alcohol Abuse and Alcoholism, the Secretary shall assure that its membership is broadly representative of experts in the fields of prevention, research, and treatment of alcohol

abuse, alcoholism, and rehabilitation of alcohol abusers. Each appointed member of each such council shall hold office for a term of four years, except that (1) any member appointed to fill a vacancy occurring prior to the expiration of the terms for which his predecessor was appointed shall be appointed for the remainder of such term; (2) the terms of the members (other than the members of the National Advisory Council on Alcohol Abuse and Alcoholism) first taking office after September 30, 1950, shall expire as follows: Three shall expire four years after such date, three shall expire three years after such date, three shall expire two years after such date, and three shall expire one year after such date, as designated by the Surgeon General at the time of appointment; and

* * * * * * *

[(3) the terms of the members of the National Council on Alcohol Abuse and Alcoholism first taking office after the date of enactment of this clause, shall expire as follows: Three shall expire four years after such date, three shall expire two years after such date, and three shall expire one year after such date, as designated by the Secretary at the time of appointment. None of the appointed members shall be eligible for reappointment within one year after the end of his preceding term, but terms expiring prior to October 1, 1950, shall not be deemed "preceding terms" for the purposes of this sentence.

[(b) The National Advisory Mental Health Council shall advise, consult with, and make recommendations to the Surgeon General on matters relating to the activities and functions of the Service in the field of mental health. The Council is authorized (1) to review research projects or programs submitted to or initiated by it in the field of mental health and recommend to the Surgeon General, for prosecution under this Act, any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or methods of diagnosis and treatment of psychiatric disorders; and (2) to collect information as to studies being carried on in the field of mental health and, with the approval of the Surgeon General, make available such information through the appropriate publications for the benefit of health and welfare agencies or organizations (public and private), physicians, or any other scientists, and for the information of the general public. The Council is also authorized to recommend to the Surgeon General, for acceptance pursuant to section 2101 of this Act, conditional gifts for work in the field of mental health and the Surgeon General shall recommend acceptance of any such gifts only after consulation with the Council.

[(c) The National Advisory Council on Alcohol Abuse and Alcoholism shall advise, consult with, and make recommendations to, Secretary on matters relating to the activities and functions of the Secretary in the field of alcohol abuse and alcoholism, including policies and priorities with respect to grants and contracts. The Council is authorized (1) to review research projects or programs submitted to or initiated by it in the field of alcohol abuse and alcoholism and recommended to the Secretary any such projects which it believes show promise of making valuable contributions to human knowledge with respect to the cause, prevention, or meth-

ods of diagnosis and treatment of alcohol abuse and alcoholism, and (2) to collect information as to studies being carried on in the field of alcohol abuse and alcoholism and, with the approval of the Secretary, make available such information, through appropriate publications for the benefit of health and welfare agencies or organizations (public or private) or physicians or any other scientists, and for the information of the general public. The Council is also authorized to recommend to the Secretary, for acceptance pursuant to section 2101 of this Act, conditional gifts for work in the field of alcohol abuse and alcoholism; and the Secretary shall recommend acceptance of any such gift only after consultation with the Council.

* * * * * * *

[(d)(1) The National Advisory Council on Drug Abuse shall consist of the Secretary, who shall be Chairman, the chief medical officer of the Veterans' Administration or his representative, and a medical officer designed by the Secretary of Defense, who shall be ex officio members. In addition, the Council shall be composed of twelve members appointed by the Secretary without regard to the provisions of title 5, United States Code, governing appointments in the competitive service. The appointed members of the Council shall represent a broad range of interests, disciplines, and expertise in the drug area and shall be selected from outstanding professionals and para-professionals in the fields of medicine, education, science, the social sciences, and other related disciplines, who have been active in the areas of drug abuse prevention, treatment, rehabilitation, training, or research.

[(2) The Council shall advise, consult with, and make recommendations to, the Secretary—

[(A) concerning matters relating to the activities and functions of the Secretary in the field of drug abuse, including, but not limited to, the development of new programs and priorities, the efficient administration of programs, and the supplying of needed scientific, and statistical data and program information to professionals, paraprofessionals, and the general public; and

[(B) concerning policies and priorities respecting grants and contracts in the field of drug abuse.]

* * * * * * *

[(e)(1)] *(a)* Within 120 days of the date of the enactment of this subsection, the Secretary shall appoint and organize a National Advisory Council on Migrant Health (hereafter in this subsection referred to as the Council) which shall advise, consult with, and make recommendations to, the Secretary on matters concerning the organization, operation, selection, and funding of migrant health center and other entities under grants and contracts under section 329.

[(2)] *(b)* The Council shall consist of fifteen members, at least twelve of whom shall be members of the governing boards of migrant health centers or other entities assisted under section 329. Of such twelve members who are members of such governing boards, at least nine shall be chosen from among those members of such

governing boards who are being served by such centers or grantees and who are familiar with the delivery of health care to migratory agricultural workers and seasonal agricultural workers. The remaining three Council members shall be individuals qualified by training and experience in the medical sciences or in the administration of health programs.

[(3)] *(c)* Each member of the Council shall hold office for a term of four years, except that (A) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and (B) the terms of the members first taking office after the date of enactment of this subsection shall expire as follows: four shall expire four years after such date, four shall expire three years after such date, four shall expire two years after such date, and three shall expire one year after such date, as designated by the Secretary at the time of appointment.

[(4)] *(d)* Section 14(a) of the Federal Advisory Committee Act shall not apply to the Council.

* * * * * * *

TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

PART A—RESEARCH AND INVESTIGATION

SEC. 301. (a) * * *

(1) * * *

* * * * * * *

(3) make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the advisory council to the entity of the Department supporting such projects [or, in the case of mental health projects, by the National Advisory Mental Health Council; and make, upon recommendation of the advisory council to the appropriate entity of the Department or the National Advisory Mental Health Council, grants-in-aid to public or nonprofit universities, hospitals, laboratories, and other institutions for the general support of their research;];

* * * * * * *

TITLE V—ADMINISTRATION AND COORDINATION OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE OF ALCOHOL ABUSE AND ALCOHOLISM, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

PART A—ADMINISTRATION AND INSTITUTES

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

[SEC. 501. (a) The Secretary shall establish, in the Department, the Alcohol, Drug Abuse, and Mental Health Administration (hereinafter in this section referred to as the "Administration"). The Administration shall be headed by an Administrator appointed by

the President, by and with the advice and consent of the Senate. The Administrator, with the approval of the Secretary, may appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

[(b) The Secretary, acting through the Administration, shall supervise the functions of the National Institute of Mental Health, the National Institute of Alochol Abuse and Alcoholism, and the National Institute on Drug Abuse in order to assure that (1) the programs carried out through each such Institute receive appropriate and equitable support, and (2) there is cooperation among the Institutes in the implementation of such programs.

[(c)(1) There is established the Alcohol, Drug Abuse, and Mental Health Advisory Board (hereinafter in this subsection referred to as the "Board"). The Board shall—

[(A) periodically assess the national needs for alcoholism, alcohol abuse, drug abuse, and mental health services and the extent to which those needs are being met by State, local, and private programs and programs receiving funds under this title and part B of title XIX, and

[(B) provide advice to the Secretary and the Administrator respecting activities carried out under this title and part B of title XIX.

[(2)(A) The Board shall consist of fifteen members appointed by the Secretary and such ex officio members from the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health as the Secretary may designate. Of the members appointed to the Board, at least six members shall represent State and private, nonprofit providers of prevention and treatment services for alcoholism, alcohol abuse, drug abuse, and mental illness, at least six members shall be individuals with expertise in public education and prevention services for alcoholism, alcohol abuse, drug abuse, and mental illness, and at least three members shall be appointed from members of the general public who are knowledgeable about alcoholism, alcohol abuse, drug abuse, and mental illness.

[(B) The term of office of a member appointed to the Board is four years, except that of the members first appointed to the Board—

[(i) five shall serve for terms of one year,

[(ii) five shall serve for terms of two years,

[(iii) five shall serve for terms of three years,

as designated by the Secretary at the time of appointment. Any member appointed to fill a vacancy occurring before the expiration of the term for which the predecessor of such member was appointed shall be appointed only for the remainder of such term. A member may serve after the expiration of the member's term until the successor of the member has taken office.

[(3)(A) Except as provided in subparagraph (B), members of the Board shall (i) be paid not more than the daily equivalent of the annual rate of basic pay in effect for grade GS-18 of the General Schedule for each day (including travel time) during which they are engaged in the actual performance of duties vested in the

Board, and (ii) while away from their homes or regular places of business and while serving in the business of the Board, be entitled to receive transportation expenses as prescribed by section 5703 of title 5, United States Code.

[(B) Members of the Board who are full-time officers or employees of the United States shall receive no additional pay, allowances, or benefits by reason of their service on the Board.

[(4) The Board may appoint such staff personnel as the Board considers appropriate.

[(5) The Secretary shall designate the chairman of the Board.

[(6) The Board shall meet at least three times each calendar year.

[(7) The Board shall report annually to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate on its activities during the prior year and shall include in such report such recommendations for legislation and administrative action as it deems appropriate.

[(d) To educate the public with respect in the health hazards of alcoholism, alcohol abuse, and drug abuse, the Administrator shall take such actions as may be necessary to ensure the widespread dissemination of current publications of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse relating to the most recent research findings with respect to such health hazards.

[(e)(1) There shall be in the administration an Associate Administrator for Prevention to whom the Administrator shall delegate the function of promoting the prevention research programs of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse and coordinating such programs between the institutes and other public and private entities.

[(2) On or before January 1, 1984, and annually thereafter, the Administrator, acting through the Associate Administrator for Prevention, shall submit to the Congress a report describing the prevention activities (including preventive medicine and health promotion) undertaken by the administration, the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. The report shall include a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

[(f) The Administrator shall establish a process for the prompt and appropriate response to information provided the Administrator respecting (1) scientific fraud in connection with objects for which funds have been made available under this Act, and (2) incidences of violations of the rights of human subjects of research for which funds have been made available under this title. The process shall include procedures for the receiving of reports of such information from recipients of funds under this title and taking appropriate action with respect to such fraud and violations.

[(g) The Secretary, acting through the Administrator, shall make grants to schools of the health professions and schools of social work to support the training of students in such schools in

the identification and treatment of alcohol and drug abuse. Grants under this subsection shall be made from funds available under this title and section 303.

[(h)(1) The Administrator may obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of service) the services of not more than 20 experts or consultants who have scientific or professional qualifications. Such experts and consulants shall be obtained for the Administration and for each of the research institutes under the Administration.

[(2)(A) Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a)(1), 5724a(a)(3), and 5726(c) of title 5, United States Code.

[(B) Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1), unless and until the expert or consultant agrees in writing to complete the entire period of assignment or one year, whichever is shorter, unless separated or reassigned for reasons beyond the control of the expert or consultant that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a debt of the United States. The Secretary may waive in whole or in part a right or recovery under this subparagraph.]

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

SEC. 501. (a) The Alcohol, Drug Abuse, and Mental Health Administration is an agency of the Service.

(b) The following national research institutes are agencies of the Alcohol, Drug Abuse, and Mental Health Administration:

(1) The National Institute on Alcohol Abuse and Alcoholism.

(2) The National Institute on Drug Abuse.

(3) The National Institute of Mental Health.

(c)(1) The Alcohol, Drug Abuse, and Mental Health Administration shall be headed by an Administrator (hereinafter in this title referred to as the "Administrator", who shall be appointed by the President by and with the advice and consent of the Senate.

(2) The Administrator, with approval of the Secretary, may appoint a Deputy Administrator and may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the activities to be carried out through the Administration.

(d) The Secretary, acting through the Administrator—

(1) shall supervise the functions of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse in order to assure that the programs carried out through each such Institute receive appropriate and equitable support and that there is cooperation among the Institutes in the implementation of such programs; and

(2) shall assure that research at or supported by the Alcohol, Drug Abuse and Mental Health Administration and each of its national research institutes is subject to review in accordance with section 507 and is in compliance with section 509.

(e)(1) There shall be in the Administration an Associate Administrator for Prevention to whom the Administrator shall delegate the function of promoting the prevention research programs of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse and coordinating such programs between the Institutes and between the Institutes and other public and private entities.

(2) The Administrator, acting through the Associate Administrator for Prevention, shall annually submit to the Congress a report describing the prevention activities (including preventive medicine and health promotion) undertaken by the Administration, the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. The report shall include a detailed statement of the expenditures made for the activities reported on and the personnel used in connection with such activities.

(f) The Administrator shall establish a process for the prompt and appropriate response to information provided the Administrator respecting (1) scientific fraud in connection with projects for which funds have been made available under this title, and (2) incidences of violations of the rights of human subjects of research for which funds have been made available under this title. The process shall include procedures for the receiving of reports of such information from recipients of funds under this title and taking appropriate action with respect to such fraud and violations.

(g) The Secretary, acting through the Administrator, shall make grants to schools of the health professions and schools of social work to support the training of students in such schools in the identification and treatment of alcohol and drug abuse. Grants under this subsection shall be made from funds available under this title and section 303.

(h) To educate the public with respect to the health hazards of alcoholism, alcohol abuse, and drug abuse, the Administrator shall take such actions as may be necessary to ensure the widespread dissemination of current publications of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse relating to the most recent research findings with respect to such health hazards.

(i)(1) The Administrator may obtain (in accordance with section 3109 of title 5, United States Code, but without regard to the limitation in such section on the number of days or the period of service) the services of not more than 20 experts or consultants who have scientific or professional qualifications. Such experts and consultants shall be obtained for the Administration and for each of the research institutes under the Administration.

(2)(A) Experts and consultants whose services are obtained under paragraph (1) shall be paid or reimbursed for their expenses associated with traveling to and from their assignment location in accordance with sections 5724, 5724a(a)(1), 5724a(a)(3), and 5726(c) of title 5, United States Code.

(B) Expenses specified in subparagraph (A) may not be allowed in connection with the assignment of an expert or consultant whose services are obtained under paragraph (1), unless and until the expert or consultant agrees in writing to complete the entire period of assignment or one year, whichever is shorter, unless separated or reassigned for reasons beyond the control of the expert or consultant that are acceptable to the Secretary. If the expert or consultant violates the agreement, the money spent by the United States for the expenses specified in subparagraph (A) is recoverable from the expert or consultant as a debt of the United States. The Secretary may waive in whole or in part a right of revovery under this subparagraph.

(j) The Administrator may, without regard to the provision of title 5, United States Code. governing appointments in the competitive service, and without regard to the provisions of chapter 51 and subchapter III of chapter 53 of such title, relating to classification and General Schedule pay rates, establish such technical and scientific peer review groups as are needed to carry out the requirements of section 507 and appoint and pay members of such groups, except that officers and employees of the United States shall not receive additional compensation for service as members of such groups. The Federal Advisory Committee Act shall not apply to the duration of a peer review group appointed under this subsection.

(k)(1) The Alcohol, Drug Abuse, and Mental Health Advisory Board (hereinafter in this subsection referred to as the 'Board') shall—

(A) periodically assess the national needs for alcoholism, alcohol abuse, drug abuse, and mental health services and the extent to which those needs are being met by State, local, and private programs and programs receiving funds under this title and part B of title XIX, and

(B) provide advice to the Secretary and the Administrator respecting activities carried out under this title and part B of title XIX.

(2)(A) The Board shall consist of 15 members appointed by the Secretary and such ex officio members from the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health as the Secretary may designate. Of the members appointed to the Board, at least 6 members shall represent State and private, nonprofit providers of prevention and treatment services for alcoholism, alcohol abuse, drug abuse, and mental illness, at least 6 members shall be individuals with expertise in public education and prevention services for alcoholism, alcohol abuse, drug abuse, and mental illness, and at least 3 members shall be appointed from members of the general public who are knowledgeable about alcoholism, alcohol abuse, drug abuse, and mental illness.

(B) The term of office of a member appointed to the Board is 4 years, except that of the members first appointed to the Board—

(i) 5 shall serve for terms of 1 year,

(ii) 5 shall serve for terms of 2 years,

(iii) 5 shall serve for terms of 3 years,

as designated by the Secretary at the time of appointment. Any member appointed to fill a vacancy occurring before the expiration

of the term for which the predecessor of such member was appointed shall be appointed only for the remainder of such term. A member may serve after the expiration of the member's term until the successor of the member has taken office.

(3)(A) Except as provided in subparagraph (B), members of the Board shall (i) be paid not more than the daily equivalent of the annual rate of basic pay in effect for grade GS–18 of the General Schedule for each day (including traveltime) during which they are engaged in the actual performance of duties vested in the Board, and (ii) while away from their homes or regular places of business and while serving in the business of the Board, be entitled to receive transportation expenses as prescribed by section 5703 of title 5, United States Code.

(B) Members of the Board who are full-time officers or employees of the United States shall receive no additional pay, allowances, or benefits by reason of their service on the Board.

(4) The Board may appoint such staff personnel as the Board consideres appropriate.

(5) The Secretary shall designate the chairman of the Board.

(6) The Board shall meet at least 3 times each calendar year.

(7) The Board shall report annually to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate on its activities during the prior year and shall include in such report such recommendations for legislation and administrative action as it deems appropriate.

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NATIONAL INSTITUTE OF MENTAL HEALTH

SEC. 504. (a) * * *

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(c) The programs to be carried out through the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines. *Priority shall be given to programs for training and research on the mental health needs of the elderly.*

* * * * * * *

(e)(1) The Director of the National Institute of Mental Health shall designate an Associate Director for Special Populations.

(2) The Secretary, acting through the Associate Director for Special Populations, shall—

(A) develop and coordinate prevention, treatment, research, and administrative policies and programs to assure increased emphasis on the mental health needs of women and minority populations[.]*;*

* * * * * * *

(g) The Secretary, acting through the Director, may make grants to States for the purpose of developing State comprehensive mental health plans referred to in section [1915(e).] *1916(e).*

* * * * * * *

(h)(1) The Director shall—

(A) develop and publish information respecting the causes of suicide and the means of preventing suicide, and

(B) make such information generally available to the public and health professionals.

Information developed, published, and distributed under this subsection shall especially relate to suicide among individuals under the age of 21.

(2) The Director shall report annually to the Congress on the activities undertaken under paragraph (1) during the period reported on and shall include in each such report an assessment of the effectiveness of such activities.

(i) The Secretary, acting through the Director, may make grants to and enter into cooperative agreements and contracts with public and nonprofit private entities for research on mental illness.

ADVISORY COUNCILS

SEC. 505. (a)(1) The Secretary shall appoint an advisory council for the National Institute on Alcohol Abuse and Alcoholism, for the National Institute on Drug Abuse, and for the National Institute of Mental Health. Each such advisory council shall advise, consult with, and make recommendations to the Secretary and the Director of the Institute for which it was appointed on matters related to the activities carried out by and through the Institute and the policies respecting such activities.

(2) Each advisory council for a national research institute may recommend to the Secretary acceptance, in accordance with section 2101, of conditional gifts for study, investigation, or research respecting the diseases, disorders, or other aspect of human health with respect to which the institute was established, for the acquisition of grounds, or for the construction, equipping, or maintenance of facilities for the institute.

(3) Each advisory council for a national research institute—

(A)(i) may on the basis of the materials provided under section 507(d)(2) respecting research conducted at the institute, make recommendations to the Director of the institute respecting such research,

(ii) shall review applications for grants and cooperative agreements for research or training and recommend for approval applications for projects which show promise of making valuable contributions to human knowledge, and

(iii) may review any grant, contract, or cooperative agreement proposed to be made or entered into by the institute;

(B) may collect, by correspondence or by personal investigation, information as to studies which are being carried on in the United States or any other country as to the diseases, disorders, or other aspect of human health with respect to which the institute was established and with the approval of the Director of the institute make available such information through ap-

propriate publications for the benefit of public and private health entities and health professions personnel and scientists and for the information of the general public; and

(C) may appoint subcommittees and convene workshops and conferences.

(b)(1) Each advisory council shall consist of ex officio members and not more than twelve members appointed by the Secretary.

(2) The ex officio members of an advisory council shall consist of—

(A) the Secretary, the Administrator, the Director of the national research institute for which the council is established, the Chief Medical Director of the Veterans' Administration, and the Assistant Secretary of Defense for Health Affairs (or the designees of such officers), and

(B) such additional officers or employees of the United States as the Secretary determines necessary for the advisory council to effectively carry out its functions.

(3) The Members of an advisory council who are not exofficio members shall be appointed as follows:

(A) Six of the members shall be appointed by the Secretary from among the leading representatives of the health and scientific disciplines (including public health and the behavioral or social sciences) relevant to the activities of the national research institute for which the advisory council is established.

(B) Six of the members shall be appointed by the Secretary from the general public and shall include leaders in fields of public policy, law, health policy, economics, and management.

(4) Members of an advisory council who are officers or employees of the United States shall not receive any compensation for service on the advisory council. The other members of an advisory council shall receive, for each day (including traveltime) they are engaged in the performance of the functions of the advisory council, compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule.

(c) The term of office of an appointed member of an advisory council is 4 years, expect that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term and the Secretary shall make appointments to an advisory council in such manner as to ensure that the terms of the members do not all expire in the same year. A member may serve after the expiration of the member's term until a successor has taken office. A member who has been appointed for a term of 4 years may not be reappointed to an advisory council before 2 years from the date of expiration of such term of office. If a vacancy occurs in the advisory council among the appointed members, the Secretary shall make an appointment to fill the vacancy within 90 days from the date the vacancy occurs.

(d) The chairman of an advisory council shall be selected by the Secretary from among the appointed members, except that the Secretary may select the Director of the national research institute for which the advisory council is established to be the chairman of the advisory council. The term of office of chairman shall be two years.

(e) The advisory council shall meet at the call of the chairman or upon the request of the Director of the national research institute

for which it was established, but at least three times each fiscal year. The location of the meetings of each advisory council is subject to the approval of the Director of the national research institute for which the advisory council was established.

(f) The Director of the national research institute for which an advisory council is established shall designate a member of the staff of the institute to serve as the executive secretary of the advisory council. The Director of such institute shall make available to the advisory council such staff, information, and other assistance as it may require to carry out its functions. The Director of such institute shall provide orientation and training for new members of the advisory council to provide them which such information and training as may be appropriate for their effective participation in the functions of the advisory council.

REPORTS ON ALCOHOLISM, ALCOHOL ABUSE, AND DRUG ABUSE

[SEC. 505.] *SEC. 506.* (a) The Secretary shall submit to Congress on or before January 15, 1984, and every three years thereafter a report—

(1) containing current information on the health consequences of using alcoholic beverages,

(2) containing a description of current research findings, made with respect to alcohol abuse and alcoholism, and

(3) containing such recommendations for legislation and administrative action as the Secretary may deem appropriate,

(b) The Secretary shall submit to Congress on or before January 15, 1984, and every three years thereafter a report—

(1) describing the health consequences and extent of drug abuse in the United States;

(2) describing current research findings made with respect to drug abuse, including current findings on the health effects of marihuana and the addictive property of tobacco; and

(3) containing such recommendations for legislative and administrative action as the Secretary may deem appropriate.

PEER REVIEW

[SEC. 506.] *SEC. 507.* (a) The Secretary, after consultation with the Directors of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse shall by regulation require appropriate technical and scientific peer review of biomedical and behavioral research and development grants, cooperative agreements, and contracts to be administered through the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse.

(b) Regulations promulgated under subsection (a) shall require that the review of *applications made for* grants, cooperative agreements, and contracts required by the regulations be conducted—

(1) in a manner consistent with the system for scientific peer review applicable on the date of the enactment of this section to grants, cooperative agreements, and contracts under this Act for biomedical and behavioral research, and

(2) to the extent practical, by peer review groups performing such review on or before such date.

(c) The members of any peer review group established under such regulations shall be individuals who by virtue of their training or experience are eminently qualified to perform the review functions of the group and not more than one-fourth of the members of any peer review group established under such regulations shall be officers or employees of the United States.

(d) The Administrator of the administration shall establish procedures for periodic, technical, and scientific peer review of research at the National Institute of Mental Health, and National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. Such procedures shall require that—

(1) the reviewing entity be provided a written description of the research to be reviewed; and

(2) the reviewing entity provide the advisory council of the institute involved with such description and the results of the review by the entity.

(e)(1) If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a)) to be made does not exceed $50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended after technical and scientific peer review required by regulations under subsections (a) and (b).

(2) If the direct cost of a grant, cooperative agreement, or contract (described in subsection (a)) to be made exceeds $50,000, the Secretary may make such grant, cooperative agreement, or contract only if such grant, cooperative agreement, or contract is recommended—

(A) after technical and scientific peer review required by regulations under subsections (a) and (b), and

(B) by the National Advisory Council on Alcohol Abuse and Alcoholism, the National Advisory Council on Drug Abuse, or the National Mental Health Advisory Council, as is appropriate.

RESEARCH ON PUBLIC HEALTH EMERGENCIES

SEC. 508. (a) If the Secretary determines, after consultation with the Administrator, the Commissioner of the Food and Drug Administration, or the Director of the Centers for Disease Control, that a disease or disorder within the jurisdiction of a national research institute of the Administration constitutes a public health emergency, the Secretary, acting through the Administrator—

(1) shall expedite the review by advisory councils and by peer review groups of applications for grants for research on such disease or disorder or proposals for contracts for such research;

(2) shall exercise the authority in section 3709 of the Revised Statutes (41 U.S.C. 5) respecting public exigencies to waive the advertising requirements of such section in the case of proposals for contracts for such research;

(3) may provide administrative supplemental increases in existing grants and contracts to support new research relevant to such disease or disorder; and

(4) shall disseminate, to health professionals and the public, information on the cause, prevention, and treatment of such disease or disorder that has been developed in research assisted under this section.

The amount of an increase in a grant or contract provided under paragraph (3) may not exceed one-half the original amount of the grant or contract.

(b) Not later than 90 days after the end of a fiscal year, the Secretary shall report to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate on actions taken under subsection (a) in such fiscal year.

ANIMALS IN RESEARCH

SEC. 509. (a) The Secretary, acting through the Administrator, shall establish guidelines for the following:

(1) The proper care of animals to be used in research conducted by and through agencies of the Administration.

(2) The proper treatment of animals while being used in such research. Guidelines under this paragraph shall require—

(A) the appropriate use of tranquilizers, analgesics, anesthetics, paralytics, and euthanasia for animals in such research; and

(B) appropriate pre-surgical and post-surgical veterinary medical and nursing care for animals in such research.

Such guidelines shall not be construed to prescribe methods of research.

(3) The organization and operation of animal care committees in accordance with subsection (b).

(b)(1) Guidelines of the Secretary under subsection (a)(3) shall require animal care committees at each entity which conducts research with funds provided under this title to assure compliance with the guidelines established under subsection (a).

(2) Each animal care committee shall be appointed by the chief executive officer of the entity for which the committee is established, shall be composed of not fewer than three members, and shall include at least one individual who has no association with such entity and at least one doctor of veterinary medicine.

(c) Each animal care committee of a research entity shall—

(1) review the care and treatment of animals in all animal study areas and facilities of the research entity at least semiannually to evaluate compliance with applicable guidelines established under subsection (a) for appropriate animal care and treatment;

(2) keep appropriate records of reviews conducted under subparagraph (A); and

(3) for each review conducted under subparagraph (A), file with the Administrator at least annually (i) a certification that the review has been conducted, and (ii) reports of any violations of guidelines established under subsection (a) or assurances required under paragraph (1) which were observed in such review and which have continued after notice by the committee to the research entity involved of the violations.

Reports filed under subparagraph (C) shall include any minority views filed by members of the committee.

(d) The Administrator shall require each applicant for a grant, contract, or cooperative agreement involving research on animals which is administered by the Administrator or any agency of the Administration to include in its application or contract proposal, submitted after the expiration of the 12-month period beginning on the date of enactment of this section—

(1) assurances satisfactory to the Administrator that—

(A) the applicant meets the requirements of the guidelines established under paragraphs (1) and (2) of subsection (a) and has an animal care committee which meets the requirements of subsection (b); and

(B) scientists, animal technicians, and other personnel involved with animal care, treatment, and use by the applicant have available to them instruction or training in the humane practice of animal maintenance and experimentation, and the concept, availability, and use of research or testing methods that limit the use of animals or limit animal distress; and

(2) a statement of the reasons for the use of animals in the research to be conducted with funds provided under such grant or contract.

Notwithstanding subsection (a)(2) of section 553 of title 5, United States Code, regulations under this subsection shall be promulgated in accordance with the notice and comment requirements of such section.

(e) If the Administrator determines that—

(1) the conditions of animal care, treatment, or use in an entity which is receiving a grant, contract, or cooperative agreement involving research on animals under this title do not meet applicable guidelines established under subsection (a);

(2) the entity has been notified by the Administrator of such determination and has been given a reasonable opportunity to take corrective action; and

(3) no action has been taken by the entity to correct such conditions;

the Administrator shall suspend or revoke such grant or contract under such conditions as the Administrator determines appropriate.

(f) No guideline or regulation promulgated under subsection (a) or (c) may require a research entity to disclose publicly trade secrets or commercial or financial information which is privileged or confidential.

PART B—RESEARCH

Subpart 1—Alcohol Abuse and Alcoholism

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NATIONAL ALCOHOL RESEARCH CENTER

SEC. 511. (a) * * *

(b) The Secretary shall, under such conditions as the Secretary may reasonably require, make annual grants to Centers which

have been designated under this section. No funds provided under a grant under this subsection may be used for the purchase [or rental] of any land or the [rental], purchase, construction, preservation, or repair of any building. For the purposes of the preceding sentence, the term "construction" has the meaning given that term by section 702(2). The Secretary shall include in the grants made under this section for fiscal year beginning after September 30, 1981, a grant to a designated Center for research on the effects of alcohol on the elderly.

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AUTHORIZATIONS OF APPROPRIATIONS

[SEC. 513. There are authorized to be appropriated to carry out this subpart $33,484,000 for fiscal year 1983, $45,790,000 for fiscal year 1984, $52,000,000 for fiscal year 1985, and $61,000,000 for fiscal year 1986.]

SEC. 513. There are authorized to be appropriated to carry out this subpart such sums as may be necessary for fiscal years 1987, 1988, and 1989.

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Subpart 2—Drug Abuse Research

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AUTHORIZATION OF APPROPRIATIONS

[SEC. 517. There are authorized to carry out this subpart $68,000,000 for fiscal year 1985 and $74,000,000 for fiscal year 1986.]

AUTHORIZATIONS OF APPROPRIATIONS

SEC. 517. There are authorized to be appropriated to carry out this subpart such sums as may be necessary for fiscal years 1987, 1988, and 1989.

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PART C—MISCELLANEOUS PROVISIONS RELATING TO ALCOHOL ABUSE AND ALCOHOLISM AND DRUG ABUSE

Subpart 1—Provisions Relating to Alcohol Abuse and Alcoholism

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CONFIDENTIALITY OF RECORDS

SEC. 523. (a) * * *

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(e) The prohibitions of this section do not apply to any interchange of records—

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State authorities.

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CONFIDENTIALITY OF PATIENT RECORDS

SEC. 527. (a) * * *

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(e) The prohibitions of this section do not apply to any interchange of records--

(1) within the Armed Forces or within those components of the Veterans' Administration furnishing health care to veterans, or

(2) between such components and the Armed Forces.

The prohibitions of this section do not apply to the reporting under State law of incidents of suspected child abuse and neglect to the appropriate State authorities.

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TITLE XIX—BLOCK GRANTS

PART A—PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

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ALLOTMENTS

SEC. 1913. (a)(1) If the amount available for allotment from appropriations under section 1911 for a fiscal year does not exceed $490,000,000, the Secretary shall allot such amount—

(A) on the basis of a formula prescribed by the Secretary which is based equally—

(i) on the population of each State, and

(ii) the population of each State weighted by its relative per capita income, or

(B) on the basis of the amount received by a State in fiscal year [1984] *1985.*

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